

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

IA ETHICS AND  
CAMPAIGN DISCLOSURE BOARD

2009 JAN 20 AM 9:33

WD

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Reasoner For State Representative

IMPORTANT: Indicate by # type of committee you are reporting for: 1  
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC  
(11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name	Political Party (if applicable)
Michael J. Reasoner	Democratic
Office Sought	District (if Senate or House)
State Representative	95

<b>FORM</b> <b>DR-2</b> (Rev. 07/2007)	<b>DISCLOSURE</b> <b>REPORT</b>
<b>For Office Use Only</b>	
Comm. #	<u>1343</u>
Logged In	
Scanned	
Computer	<u>WRS WRS</u>
Audited	<u>4-9-09</u>

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Mike Reasoner  
**SIGNATURE OF PERSON FILING REPORT**

41-782-2693  
**TELEPHONE**

January 17, 2009  
**DATE SIGNED**

I AM FILING A Friday preceding general - October 31, 2008 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date) Indicate by # 1

☒ CHECK IF AMENDMENT TO REPORT DATED October 28, 2008

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

20,183.32

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

9,345.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

**SUB-TOTAL**

29,528.32

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

19,098.75

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

10,429.57

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D)

0.00

**\*\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

1,241.63

**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

0.00

**CONSULTANT BREAKDOWN** (Schedule G Attached?)

YES NO

**CANDIDATE COMMITTEES ONLY:**

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Reasoner For State Representative

Reset Form

SCHEDULE

**E**

(Rev. 06/97)

IN-KIND

CONTRIBUTIONS

☒ CHECK THIS BOX IF  
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10-15-08	Iowa Democratic Party/House Truman Fund 5661 Fleur Drive Des Moines, Iowa 50321		Invitations and Postage	\$ 16.00	<input checked="" type="checkbox"/>
10-15-08	Jim Obradovich 2415 35th Street Des Moines, Iowa 50310		Room rent	20.00	<input checked="" type="checkbox"/>
10-20-08	Iowa Farm Bureau Federation 5400 University Avenue West Des Moines, Iowa 50266-5997		Mailing	1,205.63	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 1,241.63	
TOTAL (if last page of this schedule)				\$ 1,241.63	

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule E)

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

IA ETHICS AND  
CAMPAIGN DISCLOSURE  
2008 OCT 30 AM 8:22

COMMITTEE NAME (Must be same as on Statement of Organization)

Reasoner For State Representative

IMPORTANT: Indicate by # type of committee you are reporting for: ☐ (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Michael J. Reasoner

Political Party (If applicable)

Democratic

Office Sought

State Representative

District (If Senate or House)

95

<b>FORM</b> <b>DR-2</b> (Rev. 07/2007)	<b>DISCLOSURE</b> <b>REPORT</b>
For Office Use Only	
Comm. #	1343
Logged In	
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Computer	WRS WRS
Audited	
8 pages - 16 orig 2 amend	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Mike Reasoner  
SIGNATURE OF PERSON FILING REPORT

641-782-2693  
TELEPHONE

10-29-08  
DATE SIGNED

I AM FILING A Friday preceding general - October 31, 2008 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.  
(report date) Indicate by # ☒ 1

☒ CHECK IF AMENDMENT TO REPORT DATED October 28, 2008

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

**STATEMENT OF CASH ON HAND**

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

20,183.32

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) ("also see in-kind below")

9,345.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

29,528.32

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) ("also see debts and loans below")

19,098.75

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

10,429.57

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

0.00

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

1,334.53

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Reasoner For State Representative

<b>SCHEDULE</b> <b>E</b> (Rev. 08/97)	<b>IN-KIND</b> <b>CONTRIBUTIONS</b>
---------------------------------------------	----------------------------------------

☒ CHECK THIS BOX IF  
AMENDING FORM

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10-15-08	Iowa Democratic Party/House Truman Fund 5661 Fleur Drive Des Moines, Iowa		Invitations and Postage	\$ 16.00	<input checked="" type="checkbox"/>
10-15-08	Jim Obradovich 2415 35th Street Des Moines, Iowa 50310		Room rent	20.00	<input checked="" type="checkbox"/>
10-20-08	Iowa Farm Bureau Federation 5400 University Avenue West Des Moines, Iowa 50266-5997		Mailing	1,298.53	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 1,334.53

TOTAL (if last  
page of this  
schedule) \$ 1,334.53

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule E)

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Des Moines, Iowa 50319  
Fax: 515-281-4073

Reset Form

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**DISCLOSURE SUMMARY PAGE**

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Reasoner For State Representative

**IMPORTANT:** Indicate by # type of committee you are reporting for: 1

( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other Political  
Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Michael J. Reasoner

Political Party (if applicable)

Democratic

Office Sought

State Representative

District (if Senate or House)

95

IA ETHICS AND  
CAMPAIGN DISCLOSURE BOARD  
2008 OCT 30 PM 10:29 AM 10:28

FORM

**DR-2**

(Rev. 07/2007)

DISCLOSURE  
REPORT

**For Office Use Only**

Comm. #

1343

Logged In

S

Scanned

Computer

WRS

WRS

Audited

6 pages

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

*Mike Reasoner*

641-752-2693

10-28-08

**SIGNATURE OF PERSON FILING REPORT**

**TELEPHONE**

**DATE SIGNED**

I AM FILING A Friday preceding general - October 31, 2008 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED See amended report

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

**STATEMENT OF CASH ON HAND**

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committee. This amount **MUST** be the same as the cash on hand at the end  
of the last reporting period or must be zero if this is first report filed.)

20,183.32

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

9,345.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

**SUB-TOTAL**..... \$

29,528.32

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

19,098.75

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

10,429.57

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D)

0.00

**\*\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

1,318.53

**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

0.00

**CONSULTANT BREAKDOWN** (Schedule G Attached?)

YES NO

**CANDIDATE COMMITTEES ONLY:**

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Reasoner For State Representative

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10-15-08	ID# 9659 CK# 1522	Federation of Iowa Insurers PAC P.O. Box 1756 Des Moines, Iowa 5306-1756		\$ 500.00	<input checked="" type="checkbox"/>
10-15-08	ID# 6001 CK# 4570000200	Nationwide Mutual Insurance Company PAC 1100 Locust Des Moines, Iowa 50391		250.00	<input checked="" type="checkbox"/>
10-15-08	ID# 6351 CK# 1501	Petroleum Marketers & Convenience Stores of Iowa 10430 New York Avenue, Suite F Urbandale, Iowa 50322-3773		2,000.00	<input type="checkbox"/>
10-16-08	ID# 6475 CK# 2767	Casey's PAC P.O. Box 3001 Ankeny, Iowa 50021-8045		400.00	<input type="checkbox"/>
10-18-08	ID# 6125 CK# 2758	Iowa Realtors PAC 1370 NW 114th Street, #100 Clive, Iowa 50325		1,000.00	<input type="checkbox"/>
10-18-08	ID# CK#	Michael Blaser 5746 Coachlight Court West Des Moines, Iowa 50266		200.00	<input type="checkbox"/>
10-18-08	ID# CK#	David Moody 58404 200th Street Nevada, Iowa 50201-7748		300.00	<input type="checkbox"/>
10-18-08	ID# CK#	Mary Greiner 1412 J Place Kalona, Iowa 52247		50.00	<input type="checkbox"/>
10-18-08	ID# CK#	Susan Deahr 1148 Davis Avenue West Liberty, Iowa 52776		75.00	<input type="checkbox"/>
10-18-08	ID# CK#	Heidi Vittetoe 2570 Highway 92 Washington, Iowa 52353-9634		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 4,825.00	
TOTAL (if last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 3  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Reasoner For State Representative

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10-18-08	ID# CK#	Char Brenneman 1551 Larch Avenue Washington, Iowa 52353-9251		\$ 75.00	<input type="checkbox"/>
10-18-08	ID# CK#	Nancy Eichelberger 208 West Depot Wayland, Iowa 52654		25.00	<input type="checkbox"/>
10-18-08	ID# CK#	Larry Unkrich 1305 Hilltop Lane Fairfield, Iowa 52556		75.00	<input type="checkbox"/>
10-18-08	ID# CK#	Sue Norman 1770 180th Street Washington, Iowa 52353		50.00	<input type="checkbox"/>
10-20-08	ID# CK#	Kathleen Britten 3345 Nevada Avenue Creston, Iowa 50801		25.00	<input type="checkbox"/>
✓ 10-20-08	ID# 9743 CK# 129	Iowa Turkey Federation P.O. Box 825 Ames, Iowa 50010-0825		200.00	<input type="checkbox"/>
✓ 10-20-08	ID# 6098 CK# 3613	Iowa Bev PAC 321 East Walnut, Suite 310 Des Moines, Iowa 50309-2026		500.00	<input type="checkbox"/>
✓ 10-20-08	ID# 6498 CK# 1872	Well PAC 636 Grand Avenue, Station 13 Des Moines, Iowa 50309		250.00	<input type="checkbox"/>
10-21-08	ID# CK#	Jack Balcombe 1119 Yellow Rose Road Lorimor, Iowa 50149		100.00	<input type="checkbox"/>
✓ 10-21-08	ID# 6400 CK# 660	Iowa Restaurant Association 8525 Douglas, Suite 47 Des Moines, Iowa 50322		150.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1,450.00	
TOTAL (if last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 3  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Reasoner For State Representative

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
✓ 10-21-08	ID# 6282 CK# 1818	Hy-Vee Employee's PAC 5820 Westown Parkway West Des Moines, Iowa 50266-8223		\$ 250.00	<input type="checkbox"/>
✓ 10-21-08	ID# 8431 CK# 6619	Koch PAC 655 15th Street, NW, Suite 445 Washington, DC 20005		500.00	<input type="checkbox"/>
✓ 10-21-08	ID# 6162 CK# 1472	Iowa Agribusiness Employees PAC 900 Des Moines Street Des Moines, Iowa 50309		300.00	<input type="checkbox"/>
✓ 10-24-08	ID# 9737 CK# 1143	Iowa Harness Horseman's Association PAC P.O. Box 107 Grinnell, Iowa 50112		150.00	<input type="checkbox"/>
✓ 10-24-08	ID# 6234 CK# 1114	Iowa Farm Bureau Federation PAC 5400 University Avenue West Des Moines, Iowa 50266		1,500.00	<input type="checkbox"/>
10-25-08	ID# CK#	Marcia Fulton 1710 West Spencer Creston, Iowa 50801		20.00	<input type="checkbox"/>
10-25-08	ID# CK#	Nile Ramsbottom 2803 Heathrow Drive, Apt. 288 Ames, Iowa 50014		75.00	<input type="checkbox"/>
10-25-08	ID# CK#	Steve Falck 1305 Locust Street, #8 Des Moines, Iowa 50309		25.00	<input type="checkbox"/>
✓ 10-27-08	ID# 6096 CK# 2117	Manufactured Housing PAC 1400 Dean Avenue Des Moines, Iowa 50316-3938		250.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 3,070.00	
TOTAL (if last page of this schedule)				\$ 9,345.00	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 3 of 3  
(for Schedule A)



FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

## EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> <b>CHECK THIS BOX IF AMENDING FORM</b>	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Reasoner For State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
✓ 10-16-08	ID# 9098 CK#	House Truman Fund 5661 Fleur Drive Des Moines, Iowa 50321	Donation	\$ 15,000.00
✓ 10-19-08	ID# 9098 CK#	House Truman Fund 5661 Fleur Drive Des Moines, Iowa 50321	Donation	2,000.00
✓ 10-21-08	ID# 9098 CK#	House Truman Fund 5661 Fleur Drive Des Moines, Iowa 50321	Donation	2,000.00
10-27-08	ID# CK#	U.S. Postmaster Creston, Iowa 50801	Stamps	42.00
10-28-08	ID# CK#	Mike Reasoner 702 New York Avenue Creston, Iowa 50801	Mileage 97 x .585	56.75
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 19,098.75
TOTAL (if last page of this schedule)				\$ 19,098.75

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Reasoner For State Representative

## Reset Form

**SCHEDULE**

# E

(Rev. 06/97)

IN-KIND

## CONTRIBUTIONS

☐ CHECK THIS BOX IF AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10-15-08	Jim Obradovich 2415 35 Street Des Moines, Iowa		Room rent	\$ 20.00	<input checked="checked" type="checkbox"/>
10-20-08	Iowa Farm Bureau Federation 5400 University Avenue West Des Moines, Iowa 50266-5997		Mailing	1,298.53	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 1,318.53	
TOTAL (if last page of this schedule)				\$ 1,318.53	

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule E)